

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041285

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10852

STATE FILE NUMBER

FILED NOV 15 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **ST. LOUIS**

Length of stay in 1b  
**1 YR**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **MARK TWAIN HOTEL**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MO** b. COUNTY

c. CITY OR TOWN **ST. LOUIS**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS **116 N. EIGHT ST. MARK TWAIN HOTEL**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First **JOSEPH**

Middle **ANTHONY**

Last **CARIONE**

## 4. DATE OF DEATH

Month **10** Day **31** Year **63**

## 5. SEX

**MALE**

## 6. COLOR OR RACE

**WHITE**

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**8-24-1890**

## 9. AGE (last birthday)

**73**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**MUSICIAN**

10b. KIND OF BUSINESS OR INDUSTRY

**MUSIC**

11. BIRTHPLACE (City and state or country)

**ST. LOUIS MO**

12. CITIZEN OF WHAT COUNTRY

**U. S. A.**

13a. FATHER'S NAME

**WILKINSON**

13b. MOTHER'S MAIDEN NAME

**DORA SARLI**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**NO**

16. SOCIAL SECURITY NO.

17. INFORMANT

**JULIA FRANZER 10535 LANDSEER**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Coronary occlusion; Arterio Sclerosis**

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**4201**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **2:07** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Helen L. Taylor, Coroner**

22b. ADDRESS

**1300 Clark Ave**

22c. DATE SIGNED

**11-1-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**BURIAL**

23b. DATE

**11-4-1963**

23c. NAME OF CEMETERY

**CALVARY**

23d. LOCATION (City, town, or county)

**ST. LOUIS MO.**

24. FUNERAL DIRECTOR

ADDRESS

**HOWARD H. MICHEL 5930 SOUTHWEST**

25. DATE RECD. BY LOCAL REG.

**NOV 1 1963**

26. REGISTRAR'S SIGNATURE

**Loan Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*V E Morris*

Licensed Embalmer No. 3360

P. O. Address

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed; fact should be so stated above.